



Todav's Date:

Child/Teen Inquirer Information Form

Information on this form is held in confidence and is not shared without your permission.

For children age 7 and in first grade or younger whose parents request Baptism --need to be prepared and baptized which will be celebrated when parish baptisms are scheduled

--rieed to be prepared and baptized which will be delebrated when parish baptisms are scheduled --if parent is attending OCIA and would wish child to be baptized at Easter Vigil, permission is granted

For children over the age of 7 and in second grade or older whose parents request Baptism -- full initiation (reception of Baptism, First Eucharist and Confirmation) must take place and will be celebrated at the Easter Vigil.

Child/Teen's Name: First:		Middle:		_ Last:
Date of Birth:			Age:	_
Place of Birth:	City	State		Zip
Grade Level:				•
Inquirer form for (check o	•	Full Initiation Confirmation only	•	•
I. PARENT/	GUARDIA	N INFORMATI	ON	
Name of Father:				
	First	Last		
Name of Mother:	First			Marialan
Religious Affiliation:		Last		Maiden
Full Mailing Address:	Street			
	City	State	9	Zin

Phone: (Daytime)		(Evening/\	Veekend)			
Cell/Mobile Phone:	Email: (Home)					
Child/teen lives with (check one):	☐ Parents	☐ Mother o	only 🗖	Father only		
	☐ Other (pl	lease explain) _.				
If child/teen lives with one parent/gulives with a step-parent:	•		•	•	d/teen also	
If there is a joint custody arrangement	ent, please pr	ovide alternate	full address:			
Street		City		State	Zip	
II. RELIGIOUS HIS	STORY					
1. Has your child/teen ever been	baptized?	□ Yes	□ No	☐ I am not sure		
If you answered "Yes" to of the baptismal certificat		olease provide	the following	g information along	with a copy	
(a) In what denomination wa	as your child/t	een baptized?				
(b) Date or approximate age	e when your c	hild/teen was b	aptized:			
(c) Baptismal name (if differen	nt from current n	ame):				
(d) Place of Baptism (name of	f church/denomi	nation):	Chu	ırch name		
(e) Address, if known:						
Street		1.41	City		Zip	
2. If your child/teen was baptized	Catholic, ch	eck those sac	raments ne/s	sne nas aiready rece	eivea:	
☐ Penance (Confession)	O E	ucharist (First	Communion)			
3. If the child/teen is being bapti	zed, please o	complete the f	ollowing info	rmation:		
Name of Godparents:						
(a) Male			Parish	1		
Address:Street						
Street			City	State	Zip	
Phone:						

(b) Female	Parish		
Ad	ddress:			
	Street	City	State	Zip
PI	hone:			
4 16 41				
4. If the	child/teen is being Confirmed, plea	se complete the following infor	mation:	
N	ame of Sponsor:		_	
Pa	arish		_	
	ddress:			
PI	Street hone:	City	State	Zip
	hoosing a Confirmation Name:			
C	noosing a Committation Name.	res (print name ii known)		
III.	GENERAL QUESTIONS	3		
ШБ	GENERAL GOLOTION			
l Diagon	describe the types of religious ad-	usatian in which your shild/toon	haa nartiainatad	if any?
i. Piease	e describe the types of religious ed	ucation in which your child/teen	i nas participated	, if any?
) What d	contact has your child/teen had with	h the Catholic Church to date?		
	contact has your child/teen had with	in the Catholic Church to date:		
3 What a	are some of the questions or conce	rns vour child/teen has about th	ne Catholic Chur	h2
J. Wilat e	are some of the questions of conce	The your crimateen has about the		,
			·	
4. Please	summarize below the reason(s) yo	our child/teen desires to begin t	he Christian initia	ation
process				
			·	